

DARREN JAMES NORMAN  
FULL NAME

COMMITTED NAME (if different)

CALIFORNIA STATE PRISON / P.O. BOX #8457  
FULL ADDRESS INCLUDING NAME OF INSTITUTION

LANCASTER, CA. 93539

V-69696  
PRISON NUMBER (if applicable)

FILED  
CLERK, U.S. DISTRICT COURT

07/18/2017

CENTRAL DISTRICT OF CALIFORNIA

BY LL DEPUTY

LP

RELATED DDJ

Scanned at LAC and E-Filed  
on 7/18/17 by LL  
(date) (initials)  
Number of pages scanned: 11

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

DARREN NORMAN

PLAINTIFF,

C.W.U, M.D.,  
O. EGVARVOEN

DEFENDANT(S).

CASE NUMBER

2:17-cv-05299-PSG-FFM

To be supplied by the Clerk

CIVIL RIGHTS COMPLAINT  
PURSUANT TO (Check one)

☒ 42 U.S.C. § 1983

☐ Bivens v. Six Unknown Agents 403 U.S. 388 (1971)

A. PREVIOUS LAWSUITS

1. Have you brought any other lawsuits in a federal court while a prisoner: ☒ Yes ☐ No
2. If your answer to "1." is yes, how many? ONE

Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

"ILLEGAL SEARCH AND SEIZURE" IN WHICH OFFICERS WERE IN VIOLATION OF THE 4<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, AND 14<sup>th</sup> AMENDMENTS OF THE US CONSTITUTION FOR ORDERING AN UNCLOTHED BODY SEARCH IN VIEW OF SEVERAL FEMALE STAFF MEMBERS ALTHOUGH WANTON AND UNNECESSARY, WHILE SERVING NO PENOLOGICAL PURPOSE OR FURTHERING ANY ONGOING INVESTIGATION JUSTIFYING SUCH AN ORDER.

a. Parties to this previous lawsuit:

Plaintiff DARREN NORMANDefendants LARRY SMALL, S. RITTER, W. NEWMAN, B.C. PIES, A. BELTRAN, DEBELL, N. GRANNIS, AND C. ESPINOSAb. Court UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIAc. Docket or case number 09-CV-2235-WQH (MS)d. Name of judge to whom case was assigned WILLIAM R. HAYES...e. Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it appealed? Is it still pending?) DISMISSED FOR FAILURE TO EXHAUSTf. Issues raised: AN ILLEGAL SEARCH BY PRISON OFFICIALSg. Approximate date of filing lawsuit 10/8/09h. Approximate date of disposition 12/5/10

## B: EXHAUSTION OF ADMINISTRATIVE REMEDIES

1. Is there a grievance procedure available at the institution where the events relating to your current complaint occurred? ☒ Yes ☐ No.2. Have you filed a grievance concerning the facts relating to your current complaint? ☒ Yes ☐ No

If your answer is no, explain why not \_\_\_\_\_

3. Is the grievance procedure completed? ☒ Yes ☐ No

If your answer is no, explain why not \_\_\_\_\_

4. Please attach copies of papers related to the grievance procedure.

## C. JURISDICTION

This complaint alleges that the civil rights of plaintiff DARREN NORMAN  
(print plaintiff's name)who presently resides at CALIFORNIA STATE PRISON, P.O. BOX #8457, LANCASTER, CA 93539  
(mailing address or place of confinement)were violated by the actions of the defendant(s) named below, which actions were directed against plaintiff at  
CALIFORNIA STATE PRISON / LANCASTER, CALIFORNIA  
(institution/city where violation occurred)

on (date or dates) 7/27/17 (Claim I) 7/27/17 (Claim II) \_\_\_\_\_ (Claim III)

NOTE: You need not name more than one defendant or allege more than one claim. If you are naming more than five (5) defendants, make a copy of this page to provide the information for additional defendants.

1. Defendant C.W.U. M.D. (full name of first defendant) resides or works at  
CALIFORNIA STATE PRISON, LANCASTER, CA. 93539 (full address of first defendant)  
MEDICAL DOCTOR (defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:

THIS DEFENDANT ACTED AS A MEDICAL DOCTOR EMPLOYED BY CDCR.

2. Defendant O. EGUA VOEN, RN (full name of first defendant) resides or works at  
CALIFORNIA STATE PRISON, LANCASTER, CA. 93539 (full address of first defendant)  
INSTITUTION RN (defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:

THIS DEFENDANT ACTED AS AN INSTITUTION RN.

3. Defendant N/A (full name of first defendant) resides or works at  
 \_\_\_\_\_ (full address of first defendant)  
 \_\_\_\_\_ (defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☐ individual ☐ official capacity.

Explain how this defendant was acting under color of law:

\_\_\_\_\_  
 \_\_\_\_\_

4. Defendant N/A resides or works at \_\_\_\_\_  
(full name of first defendant)

\_\_\_\_\_  
(full address of first defendant)

\_\_\_\_\_  
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☐ individual ☐ official capacity.

Explain how this defendant was acting under color of law:  
\_\_\_\_\_  
\_\_\_\_\_

5. Defendant N/A resides or works at \_\_\_\_\_  
(full name of first defendant)

\_\_\_\_\_  
(full address of first defendant)

\_\_\_\_\_  
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☐ individual ☐ official capacity.

Explain how this defendant was acting under color of law:  
\_\_\_\_\_  
\_\_\_\_\_

## D. CLAIMS\*

## CLAIM I

The following civil right has been violated:

MY RIGHT TO MEDICAL CARE BY THE EIGHTH AMENDMENT, WHICH PROHIBITS CRUEL AND UNUSUAL PUNISHMENT WAS BLATANTLY VIOLATED BY MEDICAL STAFF AT LANCASTER STATE PRISON.

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

- (1) M.D. C. WU FAILED TO PROPERLY TREAT MY FRACTURED RIGHT HAND WHICH ANY COMPETENT MEDICAL PRACTITIONER WOULD HAVE KNOWN WAS A FRACTURE AT FIRST GLANCE. IN ADDITION, HE TOOK IT UPON HIMSELF TO CANCEL THE SURGERY ORDERED TO BE CONDUCTED "ASAP" BY THE INSTITUTION'S SPECIALIST.
- (2) RN O. EGVAOEN ALSO FAILED TO PROPERLY TREAT MY FRACTURED RIGHT HAND WHICH WAS VISIBLY OBVIOUS AND FURTHERMORE REFUSED TO PROVIDE A CAST OR SPLINT WHICH ANY REASONABLE MEDICAL PRACTITIONER WOULD HAVE DONE.

\*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

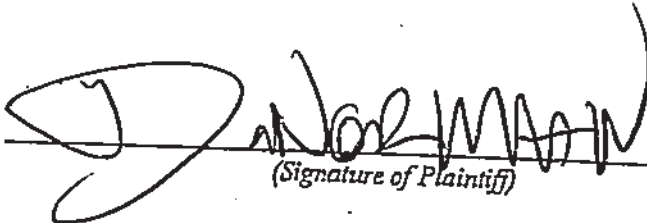
E. REQUEST FOR RELIEF

I believe that I am entitled to the following specific relief:

I BELIEVE THAT I AM ENTITLED  
TO MONETARY COMPENSATION TOTALING  
IN THE AMOUNT OF \$3,000,000.00  
(1.5 MILLION DOLLARS PER DEFENDANT).

IN ADDITION I BELIEVE THAT I  
AM ENTITLED TO PUNITIVE DAMAGES  
TOTALING IN THE AMOUNT OF \$1,000,000.00  
(500 THOUSAND DOLLARS PER DEFENDANT)  
FOR THE ONGOING SUFFERING OF CHRONIC  
PAIN AS A DIRECT RESULT OF THEIR  
GROSS NEGLIGENCE AND DELIBERATE  
INDIFFERENCE TO MY RIGHTS

7/17/17  
(Date)

  
(Signature of Plaintiff)